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ABSTRACT

These career path training modules were developed by nursing educators. The authors state, however, that the section on prerequisite criteria for objective writers can be used to teach teachers how to develop independent study packages. In this section, 10 rules for writing objectives are presented, each of which is followed by a question with a multiple choice answer. There are five nursing modules in the set. The titles of the modules are nursing diagnosis, nursing care plan, accurate preparation and administration of drugs, nursing assessment of an adult patient with a medical-surgical problem, and developing verbal communication. Each module contains the following four parts: (1) objectives, (2) pretest, (3) learning environment, and (4) posttest. It is stated that each of the modules can be used in a variety of health occupational career paths, ladders, and lattices. (RC)

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TITLE

NURSING MODULES THAT CAN BE IMITATED IN THE DEVELOPMENT OF LOCALLY WRITTEN INDEPENDENT STUDY PACKAGES -- BY HEALTH EDUCATORS and -- BY NON-HEALTH EDUCATORS

MAR 1 5 1976

AUTHORS

Howard P. ALVIR, Ph.D. -- Developer of the modular format

Helen MOSIG -- Nursing Editor for accuracy as of December 1974.

ALTHOUGH BOTH AUTHORS HOLD PROMINENT POSITIONS IN NATIONAL ORGANIZATIONS AND OFFICIAL AGENCIES, no institutional sponsorship is claimed or implied in these sample training modules.

For

Teacher Education
Clearinghouse

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SP009 980

INTRODUCTION

These modules developed by nursing educators are to be classified as documents for TEACHER EDUCATION.

While it is true that the content is career oriented, it is even truer that the MAIN EMPHASIS is on what teachers in all disciplines can do to foster INDEPENDENT STUDY in a way that teachers can do

WITH maximum success and

WITHOUT excessive time demands.

Since the most important part of any MODULE is found in the objectives of the module, a special introduction has been added on how to write worthwhile objectives.

These objectives have been developed around HOW TO USE EFFECTIVELY A STATE SPONSORED SYLLABUS.

Thus, while using this material, these ten rules on how to write objectives will guide the teacher trainer in setting up a training program.

In other words, the following pages, PREREQUISITE CRITERIA FOR OBJECTIVE WRITERS, can be used to teacher teachers how to develop INDEPENDENT STUDY PACKAGES as exemplified in the attached five modules.

The nursing accuracy of these modules has been verified as of December 1974.

for more information

Send a stamped, self-addressed envelope to

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PREREQUISITE CRITERIA
FOR OBJECTIVE WRITERS

Introduction

Over the years, a number of common sense rules have been codified into a system to simplify the process of writing clear and meaningful program objectives. As such, these rules constitute conventions that should be observed on most occasions. Obviously, as conventions, these rules are subject to exceptions for a number of reasons:

Brevity of writing
The need to avoid repetition
Audience understanding
Lack of space
Lack of time

How to Use these Rules and Conventions

It is obvious that the ability to come up with a good goal that appeals to a wide range of individuals in many different circumstances requires INSPIRATION.

It is equally as obvious that applying these rules to a worthwhile goal requires PERSPIRATION more than INSPIRATION.

These rules are presented in an attempt to help the would-be objective writer develop the best product in the least possible time with the highest possible quality.

Rule 1

Objectives should describe PARTICIPANT behavior and competencies rather than trainer behavior and competencies.

Does A or B describe participant behavior?

A. The workshop director will explain the purpose of the state syllabus.

B. The workshop participants will express an understanding of the purpose of the state syllabus.

Rule 2

Objectives should begin with ACTIVE verbs.

Does C or D begin with an active verb?

C. The workshop participants should be able to express an appreciation for the value of the state syllabus distributed at the workshop.

D. Express an appreciation for the value of the state syllabus distributed at the workshop.

Rule 3

Objectives should eliminate repetition by systematic ORGANIZATION of statements.

Does E or F eliminate needless repetition through systematic organizing?

E. The workshop participant should be able to describe the structure of the state syllabus. The workshop participant should be able to describe the format of the state syllabus.

F. The workshop participant should be able to:

1. Describe the structure of the state syllabus.

2. Utilize the format of the state syllabus quickly and accurately.

Rule 4

Objectives, especially TOP PRIORITY objectives, should describe END PRODUCTS rather than learning processes.

Is G or H an end product?

G. Read every page in the state syllabus from cover to cover.

H. Begin to implement a local education program utilizing the state syllabus.

Rule 5

Objectives should describe SPECIFIC end products.

Does I or J describe specific end products?

I. Recognize opportunities for local program improvement.

J. Recognize opportunities for local program improvement through instructional activities outlined in the state syllabus.

Rule 6

Objectives should describe what participants are EXPECTED TO DO with subject matter.

Does K or L go beyond listing subject matter?

K. The purpose and value of a state syllabus.

L. Explain the value of the state syllabus.

Rule 7

Objectives should focus on ONE outcome for diagnostic evaluation.

Does M or N focus on one outcome?

M. Plan and begin to implement a local educational program utilizing the state syllabus.

N. Plan to implement a local educational program utilizing the state syllabus.

Rule 8

Objectives should specify the desired LEVEL OF MASTERY.

Does O or P do a better job of specifying the level of mastery?

O. Begin to implement a local educational program utilizing the state syllabus to the satisfaction of the workshop staff.

P. Begin to implement a local educational program utilizing the state syllabus by transforming one item of content of a specific section of the course of study into one, two, or three objectives of a lesson to be used immediately upon return to the classroom.

Rule 9

Objectives should specify OBSERVABLE behavior.

Does Q or R specify observable behavior?

Q. Recognize that there are many opportunities for local program improvement through instructional activities outlined in the state syllabus.

R. Explain two or three opportunities for local program improvement through instructional activities outlined in the state syllabus.

Rule 10

Objectives should be written in a FORMAT suitable to writer and user.

Which of the following are true?

S. If the teacher doesn't understand the objectives, the objectives should be rewritten.

T. If the student doesn't understand the objectives, the objectives should be rewritten.

U. If the general public doesn't understand the objectives, the objectives should be rewritten.

V. Some perfectly well written objectives ignore the above rules and conventions for a wide variety of legitimate reasons.

W. Any objective which follows all of the above rules and still doesn't make sense to the workshop participants should be rewritten.

X. The above rules refer to conventions of good writing and are prerequisites rather than the maximum quality level for an objective.

Y. An objective that worked at one conference might have to be rewritten for a different audience.

Z. Once a person starts rewriting objectives, the process can go on indefinitely. Therefore, common sense and time limitations must always be considered in determining when to stop rewriting a given objective.

ANSWER KEY

1. B
2. D
3. F
4. H
5. J
6. L
7. N
8. P
9. R
10. S, T, U, V, W, X, Y, Z

MODULE OF THE MONTH

SEPTEMBER 1974

A CAREER PATH TRAINING MODULE

NURSING DIAGNOSIS

Edited by

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This module is a product of the career path training module workshop held at Rockland Psychiatric Center, July 1974, conducted by Howard P. Alvir, Ph.D., under the sponsorship of Frank Tosiello, Ed.D., Department of Mental Hygiene, New York State.

This module on NURSING DIAGNOSIS

consists of four parts:

OBJECTIVES

PRETEST

LEARNING ENVIRONMENT

POSTTEST

This multipurpose module can be used in a variety of health occupational career paths, ladders, and lattices.

September 30, 1974

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INTRODUCTION TO MODULES

This document is in the format of a MODULE. As all modules, it contains four essential elements :

A list of OBJECTIVES

Self-Assessment PRETESTS

Alternative LEARNING ENVIRONMENTS

Mastery POSTTESTS

The OBJECTIVES give an idea of what to expect in the module. Objectives are unambiguous statements of intentions and expectations. Objectives as such can include knowledge objectives (KO), performance objectives (PO), attitude objectives (AO), basic research, proven strategies, valuable attitudes, significant opinions, basic skills, and relevancy analyses.

The PRETESTS allow readers to preassess module information, skills, and attitudes already possessed. The results of the pretest indicate where to begin the module and where to go for help appropriate to the reader's level of previous accomplishments. Pretests can be oral, written, performance, manual, or interaction-based.

The LEARNING ENVIRONMENTS can range from instructor-based to learner-center activities, demonstrations, methods, media, or strategies. The selection of the proper learning environment is based upon previous success, instructional experiences available, training background, expertise in the module objectives, favorite style or mode of learning, and reasonable time limit expectations.

The POSTTEST is an attempt to measure the learner's growth. The posttest measures how well the original module objectives have been met. Sometimes, the posttest may repeat items from the pretest. However, in the case of the posttest, the objective is measurement of mastery. Diagnosis is the objective of the pretest. Documentation of competency is the corresponding objective of the posttest.

Posttests can take many forms : teacher-constructed evaluation, performance-based task completion, learner self-assessment, contractual agreements, standardized instruments, rating scales, subjective impressions, minimum essentials performance, anecdotal records, or any combination appropriate to a given learner at a given time in the learning process.

This module contains all four ingredients listed above : objectives, pretest, learning environments, and posttest. The next page explains how to use this module.

HOW TO USE THIS MODULE

The following steps can simplify the utilization of this module and maximize the effectiveness to the reader.

STEP ONE - Examine carefully the objectives

If the objectives are already mastered, verify this claimed accomplishment by TAKING THE PRETEST.

If the objectives are of such a nature as to be as yet unattained, begin by WORKING THROUGH THE LEARNING ENVIRONMENTS.

STEP TWO - Take the pretest

If the pretest is successfully passed according to the suggested answer key, proceed to verification of mastery by TAKING THE POSTTEST.

If the pretest is not successfully passed, proceed to an appropriate learning activity by WORKING THROUGH THE LEARNING ENVIRONMENTS.

STEP THREE - Work through the learning environments

Look over the alternatives available.

Begin with a learning environment that seems to promise interest and success.

If it is felt that some of the objectives can be met at this time, diagnose this situation by TAKING THE PRETEST.

If it is felt that most of the objectives are now mastered, verify this impression by TAKING THE POSTTEST.

STEP FOUR - Take the posttest

if the posttest is successfully passed, go on to an appropriate next step, for example, another module or an alternate learning procedure.

if the posttest is not successfully passed, analyze the missing competencies
by REEXAMINING THE OBJECTIVES, or
by RETAKING THE PRETEST, or
by AGAIN WORKING THROUGH THE LEARNING ENVIRONMENTS provided in the module.

The above four steps can simplify the process of getting used to learning with modules as vehicles of self-instruction, self-assessment, and self-determination of goals.

In order to keep track of the needed module ingredient, it is suggested that the reader refer to the TABLE OF CONTENTS in order to find the beginning or first page for each of the following :

OBJECTIVES

PRETEST

LEARNING ENVIRONMENTS

POSTTEST

These four components can well become a method of learning on one's own in a variety of alternatives.

Expert users of modules have found an uncomplicated and direct way to analyze, organize, and structure the many parts of a typical module.

The first step is to recognize that all modules are composed of OBJECTIVES, EVALUATIONS (from which both PRETESTS and POSTTESTS can be developed), and RESOURCES.

The second step is to subdivide objectives, evaluations, and resources into KNOWLEDGE, PERFORMANCE, and ATTITUDE components.

The third step is to specify three types of goals :
KNOWLEDGE OBJECTIVES or KO,
PERFORMANCE OBJECTIVES or PO, and
ATTITUDE OBJECTIVES or AO.

The fifth step is to specify three types of tests :
KNOWLEDGE EVALUATION or KE,
PERFORMANCE EVALUATION or PE, and
ATTITUDE EVALUATION or AE.

The sixth step is to specify three types of tools :
KNOWLEDGE RESOURCES or KR,
PERFORMANCE RESOURCES or PR, and
ATTITUDE RESOURCES or AR.

This gives an easy to remember 3 x 3 matrix :

KO	PO	AO
KE	PE	AE
KR	PR	AR

OBJECTIVES FOR NURSING DIAGNOSIS

Conceptual Objective: Makes pertinent nursing observations based on the effects of the disease process which alter the patient's ability to meet his own needs.

Clinical Objective: Has acquired the skills necessary to the implementation of a planned program of nursing intervention.

Attitude Objective: Functions as an effective member of the nursing team by being a contributing member of the team.

Fundamentals of Nursing:

Expected behavioral changes for student completing the first year of nursing education.

The successful learner:

Utilizes the basic elements of scientific observation in collecting data based on a basic knowledge of the physical and psycho-social plan of nursing care.

Applies the principles of problem solving in formulating a basic plan of nursing care.

Uses elementary teaching principles in directing patient participation in implementing his own care.

Has a basic knowledge of the essentials of various religions and how these beliefs affect the implementation of nursing care.

Knows and applies the scientific principles governing the execution of basic therapeutic and rehabilitative procedures that are basic in the care of all patients in implementing a plan of care.

Constructs a plan of nursing intervention which establishes priorities based on patient needs.

PRETEST

PRETEST 01

Nursing diagnoses would not include:

a. Teaching a patient to give himself insulin
b. Environmental control
c. Evaluating effectiveness of a medication
d. Ordering an enema

ANSWER:

PRETEST 02

Steps in problem solving include the following: Which group below places these steps in the proper sequence.

1. Formulate a plan of action
2. Define the problem
3. Collect data
4. Evaluate solution
5. Implement a plan of action

A: 1, 2, 3, 4, 5
B: 1, 3, 4, 2, 5
C: 2, 3, 5, 1, 4
D: 3, 2, 1, 5, 4

ANSWER:

PRETEST 03

In evaluating a plan of action, the nurse would not:

a. Measure patient's progress
b. Determine all the patient's goals
c. Work within a framework of the patient's limitations
d. Discuss a plan of care with the patient

ANSWER:

PRETEST 04

Nursing actions are not:

a. Based on scientific principles
b. Individualized for each patient
c. Concerned with regulatory mechanisms for each patient
d. Based on doctor's orders only

ANSWER:

PRETEST 05

The term nursing diagnosis refers to:

a. Setting priorities of ca
b. Defining nursing needs
c. Assessing patient's needs
d. Analyzing information

PRETEST 06

Which of the following are nursing diagnoses:

1. Depletion of body fluids
2. Constipation
3. Fear
4. Schizophrenia
5. Pain

A: 1, 3, 4, 5
B: 3, 4, 5
C: 1, 3, 5
D: all of the above

ANSWERS:

1. D
2. D
3. B
4. D
5. B
6. C

LEARNING ENVIRONMENT FOR
NURSING DIAGNOSIS

LEARNING ENVIRONMENT 01 (EXISTING NOTES) (STUDENT INVOLVEMENT)

The teacher should make use of all available materials that is up to date and edited with the view of properly instructing the student in the latest possible technique and concepts.

The following outline is a typical example of what the instructor can use.

I. INTRODUCTION

II. ASSISTING WITH PHYSICAL EXAMINATION

A. Responsibilities of the Nurse

1. To the patient
   a. Allay fears
   b. Inform patient
   c. Physical preparation of patient
      (1) Position
      (2) Draping

2. To the physician
   a. Preparation of equipment
   b. Handing equipment
   c. Lighting
   d. Supporting patient
   e. Remain present throughout examination if patient is female
   f. Report meaningful observations and/or information withheld from physician

B. Review Methods of Examination

1. Inspection
2. Palpation
3. Percussion
4. Auscultation
5. Endoscopic
6. Digital
7. Bi-manual

C. Positions for Patient - Review

1. Recumbent
2. Dorsal recumbent
4. Sims'
5. Lithotomy
6. Knee-chest

NOTE

Some of this material may already have been covered elsewhere or in a different setting or in a previous course.

D. Instruments and Equipment Commonly Used

1. Stethoscope
2. Sphygmomanometer
3. Ophthalmoscope
4. Otoscope
5. Percussion hammer
6. Nasal speculum
7. Tongue blade
8. Vaginal speculum
9. Swabs, tongue blade, slides
10. Rubber gloves and lubricant
11. Proctoscope
12. Correctly labeled specimen containers

E. Procedure Followed by Physician

1. History

   a. Family
   b. Medical
   c. Marital
   d. Menstrual and obstetric

2. Physical examination

   a. Head
   b. Chest
   c. Abdomen
   d. Extremities
   e. Pelvic

3. Laboratory tests

   a. Urinalysis
   b. Complete blood count
   c. Serology

4. Routine X-ray of chest

5. Special examinations commonly ordered, but may not be routine for every patient

   a. Proctoscopic
   b. Sigmoidoscopic

6. Special tests

   a. EKG
   b. BMR or PBI
   c. EEG

III. ASSISTING THE PHYSICIAN IN OBTAINING MATERIALS FOR DIAGNOSTIC STUDY

A. Lumbar Puncture
B. Bone Marrow Biopsy
C. Soft Tissue Biopsy
D. Gastric Lavage
E. Thoracentesis
F. Paracentesis

IV. PREPARING THE PATIENT FOR DIAGNOSTIC PROCEDURES

A. X-ray
B. Laboratory
C. BMR
D. EKG

V. NURSING OBSERVATIONS MADE DURING THE PROCEDURES LISTED IN II, III, IV.

LEARNING ENVIRONMENT 02 (VOCABULARY) (PRACTICAL EXAMPLES)

The following vocabulary words should be understood by the learner. Understood is used here to mean that the learner should be able to give an accurate clinical example for each term.

Symptom	Therapy	Malingering
Objective symptom	Therapeutic	Congential
Subjective symptom	Diagnosis	Hypersensitivity
Disease	Organic (illness)	Allergy
Etiology	Functional (illness)	Antigen
Prognosis	Psychosomatic	Metabolic disorder
Rehabilitation	Supportive therapy	

LEARNING ENVIRONMENT 03 (TEAM CONCEPT) (NURSING EXAMPLES)

The class can discuss what is meant by "teamwork"?

Review the following and know examples of workers who belong to each:

1. Health team
2. Medical team
3. Nursing team

LEARNING ENVIRONMENT 04 (VOCABULARY) (NURSING EXAMPLES)

Epistaxis	Infection	Metastasis	Urinary retention
Convulsion	Degeneration	Congenital	Alleviation
Hemoptysis	Neoplasm	Dyspnea	Pathogenic
Hematemesis	Benign	Cheyne-Stokes	Urticaria
Bradycardia	Malignant	Cyanosis	Pruritis

LEARNING ENVIRONMENT 05 (SYMPTOMS) (NURSING EXAMPLES)

Explain why the following symptoms develop:

a. Fever
b. Dehydration
c. Anorexia
d. Nausea and/or vomiting
e. Diarrhea
f. Edema
g. Chills
h. Decubitus
i. Cough
j. Cyanosis
k. Pallor
l. Pain
m. Inflammation
n. Atonic constipation
o. Spastic constipation
p. Hypostatic pneumonia

LEARNING ENVIRONMENT 06 (PATIENT COMFORT) (NURSING EXAMPLES)

Discuss nursing measures useful in promoting comfort of a patient with each of the symptoms listed above.

LEARNING ENVIRONMENT 07 (CLINICAL EXPERIENCE) (REFLECTION UPON EXPERIENCES)

Be prepared to report on one clinical experience to include the following:

a. Description of the experience
   Example: Observation of barium enema in X-ray
b. How patient was prepared
c. How patient reacted to experience
d. Your role in this experience
e. How the nurse could contribute to the patient's well-being during this experience

LEARNING ENVIRONMENT 08 (ASSESS)

Nursing Assessment means that the student evaluates:

a. Current and potential problems
b. Data gathered from:
   - Patient
   - Patient's chart
   - MD rounds
   - Cardex
   - Head nurse
   - Library

LEARNING ENVIRONMENT 09 (CARE)

Nursing intervention refers to what the nurse is going to do about each problem.

LEARNING ENVIRONMENT 10 (REASON)

Scientific reasoning is usually concerned with considerations that are:

a. Physiological
b. Anatomical
c. Nutritional
d. Pharmaceutical
e. And so on

LEARNING ENVIRONMENT 11 (EVALUATE)

Evaluation asks these questions:

a. Was a change seen?
b. Was a complication prevented?

Student suggests possible interventions that she might try if problem has not been solved.

LEARNING ENVIRONMENT 12 (CHART)

The learner may use a four column chart such as the following:

Patient's Initials _____ Diagnosis _____

Nursing Assessment	Nursing Intervention	Scientific Reasoning	Evaluation

LEARNING ENVIRONMENT 13 (ESSAY)

Student is given a written essay presenting information about an individual. She then must pick out those items which would constitute nursing needs - thereby establishing a nursing diagnosis.

LEARNING ENVIRONMENT 14 (CARE)

Devise a Nursing Care Plan for the patient assigned to you this week. Emphasis is to be placed on the nursing diagnoses and your approach to them using format suggested in item #12.

LEARNING ENVIRONMENT 15 (CLASS DISCUSSION)(ATTEMPTS AT CONCEPTUALIZATION)

Class discussion may be on the following points:

a. Causes of disease
b. Five or more body reactions to disease-- explain each
c. Five or more symptoms of disease which can be relieved by nursing measures
d. Five or more complications for which prevention is possible -- explain method of prevention for each

POSTTEST 01

Mr. Bates arrived on the unit on a damp, foggy spring day after a long trip by car. He had suffered a stroke 2 months previously which had left him with a left hemiplegia. On admission, he was observed to be stockily built, ruddy faced and looking younger than his 66 years. He was admitted by wheelchair in which he sat hunched over, starring at the floor and responding only in monosyllables. The relatives who accompanied him projected the feeling that little improvement could be expected.

Make a nursing assessment of the above situation. List areas in which you would seek to find more data before making a nursing care plan.

ANSWER:

Is patient fatigued by trip to hospital?
Which side of the patient is dominant?
If the patient is left handed, what problems can I expect to encounter in A.D.L.?
To what extent does the patient's paralysis affect his A.D.L.?
Post-illness activity of the patient?
Pre-illness activity of the patient?
Patient's dietary regimen pre-hospitalization?
Type of rehabilitation program, if any, in effect before hospitalization?
Family's attitude toward rehabilitative measures and their effectiveness?
Family's ability to meet patient's needs in the home?
Does patient's financial status affect his recovery?
Does his religious beliefs play an important role in his recovery?
If so, in what areas of the hospital stay will they play an important? (ex.; dietary requirements, religious observances, etc.)
What are the patient's expectations concerning his recovery, his degree of recovery and his return to his place in the community as well as his home?
What medications has the patient been receiving before admission, when and how did he take them and what changes did he note as a result of taking them?
What orders has the doctor written following his initial assessment of the patient on admission and what are the nursing implications in the execution of these orders?

RECOMMENDED PUBLICATIONS

The following MICROFICHE in the ERIC collection and summarized in RESEARCH IN EDUCATION (RIE) are called to the attention of educators wishing to update staff and learning centers :

ERIC CODE	CONTENTS
ED 056-994	HOW TO CLARIFY INSTRUCTIONAL GOALS
ED 074-032	HOW TO INDIVIDUALIZE CLASSROOM INSTRUCTIONAL GOALS
ED 086-988	HOW TO KEEP EDUCATIONAL RESEARCH FROM GATHERING DUST ON A SHELF
ED 088-861	PLANNING AND IN-SERVICE EDUCATION
ED 085-354	CHECKLIST ON HOW TO TAKE A GOAL APART AND HOW TO PUT IT BACK TOGETHER IN AN INSTRUCTIONAL SYSTEM
ED 090-175	SEVEN STEPS TO BETTER OBJECTIVES
ED 090-227	ROLE OF THE RESPONSIBLE LEADER IN DEVELOPING TEACHER-PREPARED RESEARCH
ED 090-976	CISNE - COMPUTERIZED INFORMATION SYSTEM FOR NURSING EDUCATORS
ED	EVALUATING COOPERATIVE EDUCATION
ED	LEADERSHIP BY REINFORCEMENT
ED 092-595	AN EVALUATION SYSTEM THAT DOESN'T REQUIRE HYPER-EXPERTS

MODULE OF THE MONTH

A CAREER PATH TRAINING MODULE

OCTOBER 1974

NURSING CARE PLAN

Edited by

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This module is a product of the career path training module workshop held at Rockland Psychiatric Center, July 1974, conducted by Howard P. Alvir, Ph.D., under the sponsorship of Frank Tosiello, Ed.D., Department of Mental Hygiene, New York State.

This module on NURSING CARE PLAN

consists of four parts:

OBJECTIVES

PRETEST

LEARNING ENVIRONMENT

POSTTEST

This multipurpose module can be used in a variety of health occupational career paths, ladders, and lattices.

October 15, 1974

OBJECTIVES FOR NURSING CARE PLAN

OBJECTIVE 01

Objectives relating to shaping progressive approximations toward desired behavior of gathering appropriate data to formulate individual Nursing Care Plan.

Upon completion of Level I, the student will be able to:

1. Write factual descriptions of observed behavior for three persons.
2. Recognize and describe at least three examples of non-verbal communication.

Upon completion of Level II, the student will be able to:

1. List common daily needs.
2. Identify priority of needs for different situations.
3. Recognize common signs of anxiety in self and others.
4. Identify situations in which the nurse is helping patients make decisions.

Upon completion of Level III, the student will be able to:

List three possible sources of emotional stress during hospitalization.

Upon completion of Level IV, the student will be able to:

List techniques to encourage patient to effectively express himself.

Upon completion of Level V, the student will be able to:

Recognize obvious patient problems, (ex. decubiti, inflammations.)

OBJECTIVE 02

Objectives relating to shaping progressive approximations toward desired behavior of writing individual care plan for specific patient in clinical setting.

Upon completion of Level III, the student will be able to:

State plans for nursing care for three different hypothetical patients based upon recognition of individual needs and problems.

Upon completion of Level VI, the student will be able to:

List anticipated problems for given patient as first step in problem solving plan.

Upon completion of Level VII, the student will be able to:

List actual problems that exist and/or newly discovered problems with contributing factors.

Upon completion of Level VIII, the student will be able to:

1. Write rationale for chosen solution.
2. Evaluate solution as carried out in Objective 1.

OBJECTIVE 03

The student will apply the concept of individualized patient care.

OBJECTIVE 04

The student will define, in writing, the term nursing diagnosis.

OBJECTIVE 05

The student will be able to make a Nursing Diagnosis as part of a Nursing Care Plan.

OBJECTIVE 06

After completion of this module on Nursing Care Plan, the beginning nursing student will be able to identify the importance of listing, any known pre-existing health problem a newly admitted patient may have and will make appropriate notations on chart and/or Kardex with accuracy.

LEARNING ENVIRONMENTS
FOR
NURSING CARE PLAN

LEARNING ENVIRONMENT 01

Nurse's Liability for Malpractice - A Programmed Course by Eli Bernzweig. McGraw-Hill. 1969. Pages 114-117, 120.

LEARNING ENVIRONMENT 02

Taking the Nursing History to determine those problems special to the patient:

A. patient's degree of acceptance
B. known pre-existing problems which will effect current plan for care
C. innability to follow directions
D. acceptance of fluids
E. relationships with others
F. imposed or voluntary dietary restrictions
G. elimination habits
H. degree of family involvement in patient's problem

LEARNING ENVIRONMENT 03

Prepare a list of basic needs common to all patients. Evaluate as to priorities and show how the nurse can assist the patient to meet these needs.

Examples:

Hygiene
Diet
Elimination
Freedom from anxiety
Prevention of injury
Examples: a. psychological
b. mechanical
c. microbiological
d. exposure

LEARNING ENVIRONMENT 04

Given a nursing diagnosis sheet, the beginning nursing student will interview a newly admitted patient. Upon return to the nursing unit, the student will fill in the Kardex appropriately, i.e., red ink for known allergies (in the box marked "allergies") or pencil in this same box stating "no known allergies."

LEARNING ENVIRONMENT 05

Use pretest 01 as a duscussion stimulator. Some of the very obvious false statements could be explored in depth.

LEARNING ENVIRONMENT 06

Preconference with student on unit concerning her evaluation of patient needs as determined following contact with assigned patient and perusal of patient's chart and Kardex.

LEARNING ENVIRONMENT 07

Student executes care of patient according to plan she has developed.

LEARNING ENVIRONMENT 08

Postconference with student evaluating effectiveness of her nursing care plan - her recommendations for revision, deletions, omissions, and her feelings regarding patient's acceptance of her administrations.

PRETEST 01
ON
NURSING CARE PLAN

DIRECTIONS: Circle the answer chosen.

(The following questions can be used as a discussion outline by comparison with the answers chosen in conjunction with the ANNOTATED SUGGESTED ANSWER KEY.)

TRUE FALSE 1. The nursing care plan is nothing but a fancy way of saying that the role of the nurse is limited to giving bed baths and carrying out orders from on high.

TRUE FALSE 2. Treating the patient as a person means recognizing the individuality of each person.

TRUE FALSE 3. The same identical nursing plan could conceivably be for four patients in four different beds in the same ward.

TRUE FALSE 4. The only time the identical nursing plan should be used with two different patients would be the exceptional case of having the patient's twin brother in the next bed.

TRUE FALSE 5. The Nurse Practice Act of April 1972 is periodically updated every 6 months.

TRUE FALSE 6. The typical nursing care plan should specify exactly how the nurse intends to observe, relate, and care for the patient with the most up-to-date knowledge and methods.

TRUE FALSE 7. The nursing care plan can be compared to a blueprint that outlines the care for a specific patient on a specific day with full awareness of how the patient is reacting to a medical and nursing regime.

TRUE FALSE 8. In other words, a nursing care plan is a patient-centered and systematic way to minimize stress to the patient while maximizing the nurse's use of available time in order to meet patient needs according to scientific nursing priniciples.

TRUE FALSE 9. Development of a nursing care plan allows the nurse to pattern repetitive change in such a way as to go beyond the surface symptoms to detect underlying causes.

TRUE FALSE 10. The use of nursing assessment technique in formulating a nursing care plan provides an opportunity for the nurse to evaluate patient needs for support, direction, and encouragement.

TRUE FALSE 11. A nursing care plan must be daily in the sense that the plan begins with short term goals.

TRUE FALSE 12. A nursing care plan must be flexible in the sense that the plan deals with long term goals.

TRUE FALSE 13. A nursing care plan must be individualized enough to tell the individual member of the nursing team exactly what to do.

TRUE FALSE 14. Contributions from every member of the nursing care team to be effective and complete.

TRUE FALSE 15. An effective nursing care plan is usable and expedites efficient and total patient care.

TRUE FALSE 16. A nuring care plan defines nursing problems in such a way as to specify client and patient needs to be met by nursing intervention.

ANNOTATED SUGGESTED ANSWER KEY

NURSING CARE PLAN

ANSWER	ANNOTATION
1. False	Planning is professional
2. True	Uniqueness is paramount
3. False	Each patient is unique
4. False	Each person is unique
5. False	Updating is essential
6. True	Continuing education of nurses help to keep knowledge and methods current
7. True	Nurse must be aware that patient's needs and responses vary from day-to-day
8. True	Plans establish priority of care, aid nurse in effective use of knowledge, time, and energy
9. True	Revelation of a pattern of repetitive changes assists nurse to evaluate validity of her nursing care plan
10. True	An effective plan reveals nurse's concern for helping patient to meet his needs
11. True	Plans begin with short term goals
12. True	Flexibility must be long term
13. True	An effective plan reveals the nurse's recognition of the uniqueness of man
14. True	Every member of the nursing care team has a contribution to make towards meeting patient needs
15. True	A nursing care plan should meet patient needs within framework of facilities and skills available
16. True	Plans define roles

POSTTEST
ON
NURSING CARE PLAN

POSTTEST 01

From the list provided, select the components of nursing diagnosis:

1. to identify the patient's specific nursing needs
2. to define goals for implementing patient care
3. to assure the patient's relatives that adequate nursing care is provided
4. to provide information for the patient's physician so that medical treatment can be adjusted.

ANSWER:

1, 2, 4

POSTTEST 02

The skin of your patient is dry and lacks tone. How will you plan for increasing fluid intake?

1. encourage 200cc of fluid intake every 3 hours while awake.
2. increase amount of fluid in meals.
3. plan fluid nourishment at 10 a.m., 2 p.m., 8 p.m.
4. determine preferences in fluids and increase frequency of use.

ANSWER:

1, 2, 3, 4

POSTTEST 03

It is important to note any known allergies of a newly admitted patient on the Kardex:

1. in red ink in the box marked "allergies."
2. in pencil anywhere in the Kardex.
3. in pencil in the box marked "allergies."
4. in blue ink in the box marked "allergies."

ANSWER: 1

POSTTEST 04

When ambulating a patient with a closed drainage urinary bag, which of the following statements is not correct?

1. Plug a catheter and reconnect after patient is up.
2. Keep the bag below the level of the bladder at all times.
3. Obtain a urine specimen from the catheter and not from the bag.
4. It is unnecessary to break the integrity of the system when measuring total output.

ANSWER: 1

POSTTEST 05

Which one of the following would not be considered a nursing diagnosis?

1. An evaluation of the patient's response to a situation
2. The patient has not had a bowel movement for 3 days
3. The patient's elevated temperature and a persistent cough shows that he has pneumonia
4. The patient has excessive thirst and is excreting copious amounts of urine

ANSWER: 3

MODULE OF THE MONTH

NOVEMBER 1974

A CAREER PATH TRAINING MODULE

TITLE

ACCURATE PREPARATION AND ADMINISTRATION OF DRUGS

EDITED BY

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This module is a product of the career path training module workshop held at Rockland Psychiatric Center, July 1974, conducted by Howard P. Alvir, Ph.D., under the sponsorship of Frank Tosiello, Ed.D., Department of Mental Hygiene, New York State.

This module on ACCURATE PREPARATION AND ADMINISTRATION OF DRUGS consists of four parts:

OBJECTIVES

PRETEST

LEARNING ENVIRONMENT

POSTTEST

This multipurpose module can be used in a variety of health occupational career paths, ladders, and lattices.

November 15, 1974

OBJECTIVES for

ACCURATE PREPARATION AND
ADMINISTRATION OF DRUGS

NOTE: KO = Knowledge Objective
PO = Performance Objective
AO = Attitude Objective

OBJECTIVES: The successful learner will:

OBJECTIVE 01 (KO)

Accurately solve problems of fractional dosage of drug preparation

OBJECTIVE 02 (KO) (PO)

Select the correct mode of administration

OBJECTIVE 03 (PO)

Maintain principles of sterility involved in preparation of medication for administration

OBJECTIVE 04 (KO) (AO)

Make appropriate assessment of the patient before and after administration of a drug

OBJECTIVE 05 (KO) (AO)

Analyze legal aspects involved in drug administration

OBJECTIVE 06 (PO)

Acquire manual skills necessary for maintaining maximum comfort for the patient

PRETEST on

ACCURATE PREPARATION AND
ADMINISTRATION OF DRUGS

NOTE: KE = Knowledge Evaluation
PE = Performance Evaluation
AE = Attitude Evaluation

PRETEST 01 (KE) (OBJ-1) (MATH)

QN: Fractions

ANS: KE: 1/4 + 1/4 = 1/2

PRETEST 02 (KE) (OBJ-1) (MATH)

QN: Ratios

ANS: KE: 3 : 4 :: 12 : 16

PRETEST 03 (KE) (OBJ-1) (MATH)

QN: Basic algebraic equation (1 unknown)

ANS: KE: 3x + 15 = 18; therefore, x = 1

PRETEST 04 (KE) (OBJ-1) (MATH)

QN: Conversions between systems of measurement

ANS: KE: Metric into English

PRETEST 05 (PE) (OBJ-2)

QN: Use of proper equipment according to task to be accomplished

ANS: KE: Name
PE: Use
AE: Care

PRETEST 06 (PE) (AE) (OBJ-3)

QN: Knowledge of asepsis and its use

ANS: KE: Disinfect
PE: Aseptic technique
AE: Prevent contagion

PRETEST 07 (KE) (OBJ-1)

QN: Selection of data from statement of problem for use in formulas to find correct solution to problem.

ANS: KE: Data
PE: Formula, answer
AE: Care

PRETEST 08 (KE) (OBJ-1) (PRETEST)

QN: Analyze the following 20 questions as outlined above

ANS: See answers at end of 20 questions

PRETEST 09

Express the following Arabic numerals in Roman Numerals:

19 _____ 1550 _____

56 _____ 1977 _____

99 _____

Express the following Roman numerals in Arabic numerals:

MX _____ DCX _____

LVII _____ LXXXIX _____

XVII _____

Add the following fractions:

2/5 + 3/8 = 2 2/3 + 2 1/2 =

2/9 + 3/7 + 1/3 = 3/4 + 4/5 + 5/8 =

1 1/3 + 2/9 =

Subtract and reduce to the lowest terms:

1/2 - 3/8 = 1 - 2/7 =

15/16 - 1/32 = 1/25 - 1/75 =

7/8 - 2/3 =

Multiply and reduce to the lowest terms:

3/4 x 2/3 = 1/10 x 1/5 =

4/5 x 1/2 = 2 5/8 x 4/7 =

3/8 x 3/4 x 1/6 =

Divide and reduce answers to lowest terms:

1/3 ÷ 2/9 = 1/3 ÷ 1/2 =

7/21 ÷ 2/3 = 7 ÷ 3/4 =

4 - 1/200 =

Divide and reduce to lowest terms:

6/7 ÷ 8/9 = 1/250 ÷ 1/25 =

1 1/2 ÷ 2 3/4 = 10 1/2 ÷ 3 1/2 =

7/8 ÷ 5/4 =

Change to improper fractions:

10 1/2
20 2/3
33 1/3
16 3/4
5 1/6

Change the following ratios to fractions in lowest terms:

3 : 15 =
2 : 22 =
4 : 1,000 =
1/3 : 9 =
7 : 12 =

Underscore the decimal fraction which has the least value:

0.52
0.8
7×10^{8}
7×10^{-5}
0.002675

Add the following:

45.361 + 78. 1342 =
1.001 + 2.2 + 3.045 + 0.005 =
507.321 + 654.23 + 148.06732 =
$6 \times 10^{3} + 2 \times 10^{2} + 3.48 + 10^{-3}$ =
0.008 + 0.75 + 0.015842 =

Subtract the following:

65.124 - 9.321 =
1 - 0.065 =
0.001 - 0.0001 =
$2.00125 \times 10^{-2} - 1.0015 \times 10^{-1}$ =
0.2 - 0.128

Multiply the following:

175.3 x 0.001 =
0.333 x 1.48 =
$1.9625 \times 10^{-2} \times 2.13 \times 10^{-1}$ =
$350 \times 6.5 :: 10^{-2}$ =

Divide the following and carry out to the 3rd decimal point:

328 ÷ 0.064
107.625 ÷ 10.5
$3.024 \times 10^{1} \div 1.12 \times 10^{-1}$ =
$3 \times 10^{-10} \div 9 \times 10^{-5}$ =
6.048 ÷ 1.12 =

Change to a decimal fraction and carry out to the 3rd decimal place:

1/4 =

3/40 =

15/100 =

8/9 =

2/15 =

Change the % in column 1 to a common fraction, decimal fraction, and ratio:

%	common fraction	decimal fraction	ratio
75%			
11%			
662/3%			
48%			
3/4%			

What percent of:

696 is 232?

800 is 44?

252 is 1.26?

2,000 is 1,500?

20 is 19?

Find the given percent of the following:

1/4% of 87.5 =

35% of 6300 =

2% is 1500 =

½% of 450 =

4% of 550 =

Find the value of x:

x : 1500 = 3 : 4

0.75 : 1 = x : 500

1/5000 : 1/1000 = x : 50

9 : x = 5 : 300 =

1/2 : x = 1 : 8 =

Solve the following:

There are 2 oz. of drug in 32 oz. of solution. How much drug is in 1 pint 7 oz?

A flask has 375 milliliters of solution containing 12 grams of drug How much drug is in 100 milliliters?

How many parts of 20% solution are needed to make 1 quart of 15% solutic

A flask contains 400 milliliters of 20% solution. How much 4% solution will this make?

Dilute 10 oz. of a 100% solution to 30 oz. What is the % strength of the new solution?

LEARNING ENVIRONMENTS for

ACCURATE PREPARATION AND
ADMINISTRATION OF DRUGS

NOTE: KR = Knowledge Resource
PR = Performance Resource
AR = Attitude Resource

LEARNING ENVIRONMENT 01 (PR) (OBJ-3) (OBJ-6) (LAB)

Laboratory involves

A. Demonstrations
B. Practice with equipment used with supervision

LEARNING ENVIRONMENT 02 (KR))OBJ-4) (PLAN)

Determination of priorities in preparation

Practices in clinical terms with supervision

LEARNING ENVIRONMENT 03 (KR) (OBJ-1) (BOOKS)

Resource books:

Programmed study
Work books
Texts

LEARNING ENVIRONMENT 04 (KR) (PR) (OBJ-1) (CLASS)

Class activities

Solving of problems with groups
Solving of problems individuals
Working out different areas with instructor or blackboards

LEARNING ENVIRONMENT 05 (KR) (PR) (AR) (OBJ-3) (OBJ-4) (OBJ-5) (OBJ-6) (CONSULT)

Individual consultation with instructor in problem areas

LEARNING ENVIRONMENT 06 (PR)(OBJ-2) (OBJ-6) (OBSERVE)

Observation of all RN adminstrating drugs on unit

LEARNING ENVIRONMENT 07 (PR) (OBJ-2) (OBJ-6) (VISIT)

Visit to hospital pharmacy to see drug forms, etc.

LEARNING ENVIRONMENT 08 (KR) (OBJ-1) (OBJ-2) (OBJ-3) (OBJ-4)(OBJ-5) (OBJ-6) (VIEW)

Films

LEARNING ENVIRONMENT 09 (KR) (OBJ-2) (READ)

Handouts from drug companies

LEARNING ENVIRONMENT 10 (KR) (OBJ-2) (LISTEN)

Visits and talk from drug company representatives

LEARNING ENVIRONMENT 11 (PR) (AR) (OBJ-6) (OBSERVE)

Peer observation

POSTTEST on

ACCURATE PREPARATION AND
ADMINISTRATION OF DRUGS

NOTE: KE = Knowledge Evaluation
PE = Performance Evaluation
AE = Attitude Evaluation

POSTTEST 01 (KE) (OBJ-1) (MATH)

QN: Solve sample problems of fractional dosage accurately

KE: See pretest
PE: In clinic
AE: Care

POSTTEST 02 (PE) (OBJ-3) (OBJ-4) (OBJ-5) (OBJ-6) (CLINIC)

QN: Student techniques observed and approved in clinical area

ANS: KE: Checklist
PE: Procedures
AE: Safety

POSTTEST 03 (PE) (OBJ-6) (CARE)

QN: Interview patient to evaluate student performance

ANS: KE: Awareness
PE: Health
AE: Reactions

POSTTEST 04 (PE) (AE) (OBJ-3) (OBJ-4) (OBJ-5) (OBJ-6) (CONFER)

QN: Pre-Post clinical conferences: student correctly interprets.

ANS: KE: Data
PE: Nursing intervention
AE: Self-evaluate

POSTTEST 05 (KE) (PE) (OBJ-2) (EXECUTE ORDERS)

QN: Medical or nursing orders concerning administration of medication

Student validates accuracy of orders as written

ANS: KE: Comprehend orders
PE: Nursing intervention
AE: Double check

POSTTEST 06 (PE) (AE) (OBJ-3) (OBJ-4) (OBJ-5) (OBJ-6) (PEER)

QN: Peer observation and evaluation

ANS: KE: Clear criteria
PE: Visible procedures
AE: Valid yardsticks

POSTTEST 07

1. Give ½ grain of phenobarbital from tablets 30 mg $\overline{aa}$.

2. Give atropine sulfate gr 1/150 from atropine sulfate tablets gr 1/100.

3 Give Codiene 15 mg from codiene tablets 0.06 gm.

4. Give 300 mg of tetracycline from capsules 250 gm.

5. Give ammonium chloride gr 1 x from tablets of 1 gm $\overline{aa}$.

6. Give 1 gm of sodium bicarbonate from a solution labeled gr $\overline{v}$ = 4 ml.

7. Give sodium bicarbonate drams iii from a solution labeled gr x = 3 ml.

8. Give 300 mg of ferrous sulfate from a solution labeled 1 ml = 40 mg.

9. Give 20 gm of magnesium sulfate from a 50% solution.

10. Give 20 gm of magnesium sulfate from a 1:5 magnesium sulfate solution.

11. Give gr $\overline{viis}$ from a 5% solution of that drug.

12. Give gr ½ of elixir of phenobarbital from a bottle labeled dm ss = gr 1/8.

13. Give gm viiss of a drug from a solution labeled m.c. = gr $\overline{v}$.

14. How much Morphine should a 6 months old child receive if the adult dose is 1/3 grain.

15. If the adult dose of a drug is 1 ml. How much would a 75 pound child receive.

16. If the adult dose of a drug is gr xx, How much would you give to a 12½ year old child?

17. If the adult dose of a drug is 0.0003 gm, How much would a 6 year old receive?

18. Give 2 gm of Sodium bromide from a solution labeled dram 1 = gr xv.

19. Give Chloral Hydrate gr $\overline{\text{Viiss}}$ from a solution labeled gr xv = 20 ml.

20. If 12 ml of a drug contains 1 gm. How many gr would 60 m contain?

MODULE OF THE MONTH

DECEMBER 1974 A CAREER PATH TRAINING MODULE

TITLE

NURSING ASSESSMENT OF AN ADULT PATIENT WITH A MEDICAL-SURGICAL PROBLEM

DEVELOPED BY

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This module is a product of the career path training module workshop held at Rockland Psychiatric Center, July 1974, conducted by Howard P. Alvir, Ph.D., under the sponsorship of Frank Tosiello, Ed.D., Department of Mental Hygiene, New York State.

This module on NURSING ASSESSMENT OF AN ADULT PATIENT WITH A MEDICAL-SURGICAL PROBLEM consists of four parts:

OBJECTIVES

PRETEST

LEARNING ENVIRONMENT

POSTTEST

This multipurpose module can be used in a variety of health occupational career paths, ladders, and lattices.

December 15, 1974

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INTRODUCTION TO MODULES

This document is in the format of a MODULE. As all modules, it contains four essential elements :

A list of OBJECTIVES

Self-Assessment PRETESTS

Alternative LEARNING ENVIRONMENTS

Mastery POSTTESTS

The OBJECTIVES give an idea of what to expect in the module. Objectives are unambiguous statements of intentions and expectations. Objectives as such can include knowledge objectives (KO), performance objectives (PO), attitude objectives (AO), basic research, proven strategies, valuable attitudes, significant opinions, basic skills, and relevancy analyses.

The PRETESTS allow readers to preassess module information, skills, and attitudes already possessed. The results of the pretest indicate where to begin the module and where to go for help appropriate to the reader's level of previous accomplishments. Pretests can be oral, written, performance, manual, or interaction-based.

The LEARNING ENVIRONMENTS can range from instructor-based to learner-center activities, demonstrations, methods, media, or strategies. The selection of the proper learning environment is based upon previous success, instructional experiences available, training background, expertise in the module objectives, favorite style or mode of learning, and reasonable time limit expectations.

The POSTTEST is an attempt to measure the learner's growth. The posttest measures how well the original module objectives have been met. Sometimes, the posttest may repeat items from the pretest. However, in the case of the posttest, the objective is measurement of mastery. Diagnosis is the objective of the pretest. Documentation of competency is the corresponding objective of the posttest.

Posttests can take many forms : teacher-constructed evaluation, performance-based task completion, learner self-assessment, contractual agreements, standardized instruments, rating scales, subjective impressions, minimum essentials performance, anecdotal records, or any combination appropriate to a given learner at a given time in the learning process.

This module contains all four ingredients listed above : objectives, pretest, learning environments, and posttest. The next page explains how to use this module.

HOW TO USE THIS MODULE

The following steps can simplify the utilization of this module and maximize the effectiveness to the reader.

STEP ONE - Examine carefully the objectives

If the objectives are already mastered, verify this claimed accomplishment by TAKING THE PRETEST.

If the objectives are of such a nature as to be as yet unattained, begin by WORKING THROUGH THE LEARNING ENVIRONMENTS.

STEP TWO - Take the pretest

If the pretest is successfully passed according to the suggested answer key, proceed to verification of mastery by TAKING THE POSTTEST.

If the pretest is not successfully passed, proceed to an appropriate learning activity by WORKING THROUGH THE LEARNING ENVIRONMENTS.

STEP THREE - Work through the learning environments

Look over the alternatives available.

Begin with a learning environment that seems to promise interest and success.

If it is felt that some of the objectives can be met at this time, diagnose this situation by TAKING THE PRETEST.

If it is felt that most of the objectives are now mastered, verify this impression by TAKING THE POSTTEST.

STEP FOUR - Take the posttest

If the posttest is successfully passed, go on to an appropriate next step, for example, another module or an alternate learning procedure.

If the posttest is not successfully passed, analyze the missing competencies by REEXAMINING THE OBJECTIVES, or by RETAKING THE PRETEST, or by AGAIN WORKING THROUGH THE LEARNING ENVIRONMENTS provided in the module.

The above four steps can simplify the process of getting used to learning with modules as vehicles of self-instruction, self-assessment, and self-determination of goals.

In order to keep track of the needed module ingredient, it is suggested that the reader refer to the TABLE OF CONTENTS in order to find the beginning or first page for each of the following :

OBJECTIVES

PRETEST

LEARNING ENVIRONMENTS

POSTTEST

These four components can well become a method of learning on one's own in a variety of alternatives.

Expert users of modules have found an uncomplicated and direct way to analyze, organize, and structure the many parts of a typical module.

The first step is to recognize that all modules are composed of OBJECTIVES, EVALUATIONS (from which both PRETESTS and POSTTESTS can be developed), and RESOURCES.

The second step is to subdivide objectives, evaluations, and resources into KNOWLEDGE, PERFORMANCE, and ATTITUDE components.

The third step is to specify three types of goals :
KNOWLEDGE OBJECTIVES or KO,
PERFORMANCE OBJECTIVES or PO, and
ATTITUDE OBJECTIVES or AO.

The fifth step is to specify three types of tests :
KNOWLEDGE EVALUATION or KE,
PERFORMANCE EVALUATION or PE, and
ATTITUDE EVALUATION or AE.

The sixth step is to specify three types of tools :
KNOWLEDGE RESOURCES or KR,
PERFORMANCE RESOURCES or PR, and
ATTITUDE RESOURCES or AR.

This gives an easy to remember 3 x 3 matrix : .

KO	PO	AO
KE	PE	AE
KR	PR	AR

NOTE : KO = Knowledge Objective
PO = Performance Objective
AO = Attitude Objective

OBJECTIVES for

NURSING ASSESSMENT OF AN ADULT PATIENT WITH A MEDICAL-SURGICAL PROBLEM

OBJECTIVE 01 (KO)

Utilize observational skills to make a nursing diagnosis.

OBJECTIVE 02 (KO)

Use data from resource material and resource persons to assess patient problems.

OBJECTIVE 03 (KO)

Apply knowledge of the biological and psycho-social sciences in identifying patient problems.

OBJECTIVE 04 (KO)

Identify changes in the patient's physical and psychological status.

OBJECTIVE 05 (KO) (PO)

Report and/or record changes in the patient's condition promptly and accurately.

OBJECTIVE 06 (KO)

Correlate knowledge of disease and deviations from the norm to identify patient problems.

OBJECTIVE 07 (KO) (PO) (AO)

Develop the "knack" by practice in order to see more than meets the eye.

A. Identify covert and potential problems through improvement of skills.
B. Discriminate between obvious and more subtle problems.
C. Identify, through practice, which problems are more acute and in need of prompt attention.

OBJECTIVE 08 Mastery Objective

NOTE: (See the following page, COMPLETE LEARNING OBJECTIVE FOR CONDITIONS, PERFORMANCE, AND CRITERIA.)

COMPLETE LEARNING OBJECTIVE

CONDITIONS	PERFORMANCES	CRITERIA
TIME: 3-5 minutes VOCABULARY: Interactive communication skills. Appropriate medical terminology. MATERIALS: Patient with a medical-surgical problem. Charge nurse. Resources: Knowledge of A&P, deviations from the norm, pathophysiology of disorder. INTRODUCTION: Pre-conference: What signs and symptoms will you observe the patient for and why? Diagnosis - actual and potential problems. ACTIVITY: Care for several patients who have abnormal vital signs. Practice interviewing patients about their complaints. Observe several morning reports given by previous shifts. SOURCES & RESOURCES: Review student and patient checklist. Receive report from charge nurse regarding patient problems. Confer with instructor to plan activity. FOLLOWUP PRACTICE: Give a verbal report to charge nurse each day assigned to clinical care of patient, before leaving unit.	The student will: Give a verbal report to the charge nurse about his/her patient's status. Step-by-step: A. Use communication skills to interview patient. B. Establish rapport with patient. C. Use observational skills to identify problems. D. Collect data to verify problem. E. Report findings to charge nurse (promptly, if warranted.) F. Use appropriate terminology. Mastery: A. Establishes good rapport with patient B. Asks pertinent, open-ended questions C. Uses all 5 senses to assess physical problems. D. Uses psycho-social principles to assess covert or emotional problems. E. Uses appropriate resource material and personnel to validate problem. F. Gives accurate report, pertinent to actual and potential problems. G. Uses correct terminology easily and fluently. H. Uses judgment to report priority findings.	Prerequisites: Fundamentals of interactive communication skills. Knowledge of normal body structure and functions. Signs and symptoms of pathophysiology related to patient's diagnosis. Recognition of critical, pertinent physical/psychological findings. Pretest: Student is assigned to a patient with a fever and is asked by the instructor how she will evaluate this patient's needs. Posttest: Student reports her observations to the charge nurse at the end of each clinical assignment and describes accurate, pertinent findings. Student must respond promptly or immediately if the patient's condition warrants prompt attention. On-the-job standards: The learner must be able to assess physical or psycho-social problems as he/she performs routine tasks and procedures for the patient during the alloted time for individual patient contact. He/she must be able to validate a problem when all physical symptoms are not apparent. He/she will eventually be more astute to potential problems that exist in order to institute preventitive nursing measures.

NOTE: KE = Knowledge Evaluation
PE = Performance Evaluation
AE = Attitude Evaluation

PRETEST on

NURSING ASSESSMENT OF AN ADULT PATIENT WITH A MEDICAL-SURGICAL PROBLEM

PRETEST 01 (KE) (OBJ-1) (PLAN)

QN : Can the student utilize the nursing process to write a care plan for a patient?

ANS : KE : Plan
PE : Care
AE : Interact and modify plan based on evaluation

PRETEST 02 (AE) (COMMUNICATE)

QN : Can the student use communication skills to interview the patient concerning his condition?

ANS : KE : Simple, clear, accurate language
PE : Smooth care skills : obtain pertinent information (not just social chit-chat)
AE : Non-threatening both verbally and non-verbally
AE : Render emotional support

PRETEST 03 (KE) (OBJ-4) (DEMONSTRATE)

QN : Can the student demonstrate knowledge of normal anatomy and physiology?

ANS : KE : Recognize: identify the norm
PE : Individualize: name structure and functions
AE : Accept and respect uniqueness of an individual

PRETEST 04 (KE) (OBJ-6) (OBSERVE)

QN : Can the student recognize and identify deviations from the norm?

ANS : KE : Norm
PE : Range of structural and functional impairment
AE : Perspective : non-judgmental observations

PRETEST 05 (KE) (OBJ-6) (PLAN)

QN : Can the student correlate the pathological process to a patient's functional disability?

ANS : KE : Health norm: identify scientific reason for patient's problem
PE : Functional success: identify problems, both actual and potential
AE : Realizable ideal: set realistic goals for patient's progress

NOTE: KR = Knowledge Resource
PR = Performance Resource
AR = Attitude Resource

LEARNING ENVIRONMENTS for

NURSING ASSESSMENT OF AN ADULT PATIENT WITH A MEDICAL-SURGICAL PROBLEM

LEARNING ENVIRONMENT 01 (KR) (PR) (OBJ-1)

Submits a written plan of care for a patient with a medical-surgical problem.

LEARNING ENVIRONMENT 02 (PR) (OBJ-) (CARE)

Clinical assignment to the care of an adult patient with a medical-surgical problem. (Bedside instruction and demonstration)

LEARNING ENVIRONMENT 03 (KR) (PR) (OBJ-) (CONFER)

Clinical pre-conference to discuss signs and symptoms of a specific medical-surgical disorder.

LEARNING ENVIRONMENT 04 (PR) (OBJ-) (CONFER)

Clinical conferences during laboratory experience.

LEARNING ENVIRONMENT 05 (PR) (AR) (OBJ-) (EXECUTE)

Reporting to the charge nurse of the patient's change in condition during care.

LEARNING ENVIRONMENT 06 (PR) (OBJ-) (RECORD)

Recording clinical findings in nurse's notes.

LEARNING ENVIRONMENT 07 (PR) (AR) (OBJ-6) (CONFER) (COMMUNICATE)

Communicates with the patient and health team to assess problems.

LEARNING ENVIRONMENT 08 (KR) (PR) (OBJ-2) (DOCUMENT)

Reads the patient's chart to collect data pertinent to his/her condition.

LEARNING ENVIRONMENT 09 (KR) (PR) (OBJ-2) (RESEARCH)

Utilizes appropriate resources to collect supplemental data.

LEARNING ENVIRONMENT 10 (PR) (AR) (OBJ-5) (CONFER)

Clinical post-conferences with the instructor to discuss assessment of problems.

LEARNING ENVIRONMENT 11 (PR) (AR) (OBJ-6) (CONFER)

Team conference with peers and health team to share information.

LEARNING ENVIRONMENT 12 (KR) (OBJ-6) (VIEW)

Audiovisual aids to demonstrate deviations from the norm (slides, films, patient presentation).

LEARNING ENVIRONMENT 13 (KR) (OBJ-3) (READ)

Textbooks pertaining to anatomy, physiology, pathology, etc.

LEARNING ENVIRONMENT 14 (PR) (AR) (OBJ-1) (CORRECT) (SELF-EVALUATE)

Quizzes and exams - review and discussion of correct answers.

LEARNING ENVIRONMENT 15 (KR) (OBJ-1) (LISTEN)

Lecture on signs, symptoms, pathology of a specific medical-surgical disorder.

LEARNING ENVIRONMENT 16 (KR) (PR) (AR) (OBJ-7) (PRACTICE)

Lister said, "You must be able to see with your mental eye the ferments as distinctly as we see flies and other things with the corporeal eye." This requires practice. This is a knack developed by practice subjected to professional scrutiny.

When the best barrier against infection is not always feasible, the next best method must be sought out and utilized.

One of the best barriers against the spread of infection is handwashing.

Another good barrier is avoiding the introduction of germs via watches, rings, bracelets, hair, clothing, and other easily prevented carriers of infection.

LEARNING ENVIRONMENT 17 (KR) (AR) (OBJ-7) (ASSESS)

The above situation, citing barriers against infection, can be supplementary to the objectives of nursing assessment in this outline. The essential act of assessment must be implemented in more than citing physical barriers.

Rather than stressing merely the physical aspects of asepsis, it is good to give an example of identifying a covert problem by the use of observational skills: i.e., the patient's bed is wrinkled and unkempt. He keeps ringing the buzzer at frequent intervals during the night. The nurse assesses that the patient cannot sleep and she validates this by asking if he has pain or is worried about tomorrow's surgery.

LEARNING ENVIRONMENT 18 (MATRIX)

The matrix on the following page gives the learner a complete overview.

THE TRAINING MATRIX

	KNOWLEDGE (Information)	PERFORMANCE (Training)	ATTITUDE (Motivation)
OBJECTIVE (TARGETS)	KO Identify the nursing diagnosis of an adult with a medical-surgical problem based upon: • observational skills • interviewing skills • collection of data • correlation of A&P with deviations from the norm • knowledge of the pathophysiological process	PO Report and record patient's status appropriately utilizing knowledge of scientific principles • Identify obvious physical/psychological changes • Identify covert problems • Recognize pertinent signs that warrant prompt intervention	AO Recognize the uniqueness of the patient as an individual Incorporate assessment as an integral part of planning and evaluating patient care Develop rapport in student/ patient contacts.
EVALUATION (TESTS)	KE Plan care for a patient with a medical-surgical problem using the Nursing Process (submit Care Plan) Demonstrate knowledge of pathophysiology through: • nurse's notes • verbal reports • clinical conferences • test results • patient interaction • staff conferences • peer evaluation	PE Recognize deviations from the norm. Fulfills performance objectives listed above in: • supervised clinical setting • answering test questions that are situation oriented and based on response of performance	AE Respond positively to constructive criticism Evaluate positive motivation based on: • verbal reports • clinical conferences • patient interaction • staff conferences • self-evaluation • peer review • health team evaluation
RESOURCES (TECHNOLOGY)	KR Participate in: • interviewing the patient • classroom lectures • audio-visual aids • clinical conferences • bedside learning experiences • independent study • research in assigned tests and suggested readings • review of old exams • written care plans • review of patient's chart	PR Respond appropriately to patient problem in: • clinical conferences • collection of data • submission of a written plan of care • supervised clinical performance • demonstration and return demonstration • recording nurse's notes • giving verbal report • reviewing exams and tests	AR Function as a member of the health team: • Identify roles of other members • Participate in conferences with will enhance patient care • Initiate interaction with the instructor and other health team members • Interact with the patient • Interact with peers • Seek help from appropriate sources when in doubt
	(Principles)	(Techniques)	(Human Relations)

NOTE: KE = Knowledge Evaluation
PE = Performance Evaluation
AE = Attitude Evaluation

POSTTEST on

NURSING ASSESSMENT OF AN ADULT PATIENT WITH A MEDICAL-SURGICAL PROBLEM

POSTTEST 01 (PE) (OBJ-3) (CARE)

QN : Direct supervision of student performance.

ANS : KE : Principle
PE : Procedure
AE : Person

POSTTEST 02 (KE) (OBJ-3) (OBJ-4) (PASS)

QN : Test results.

ANS : KE : Pass
PE : Analyze errors
AE : Fill in info gaps (learn by previous errors)

POSTTEST 03 (KE) (PE) (OBJ-5) (NOTE)

QN : Examination of nurses notes written by student.

ANS : KE : Accurate , correct terminology
PE : Action-oriented , complete and concise
AE : Own language, non-judgmental observations: i.e., instead of saying, "Patient smokes too much," state rather that "Patient smoked 2 packs of cigarettes during the day shift."

POSTTEST 04 (KE) (PE) (AE) (OBJ-5) (REPORT)

QN : Listening to students verbal report to charge nurse.

ANS : KE : Accurate observer
PE : Nursing care : report appropriate observations
AE : Team member : initiate interaction to appropriate health team member. Question or seek help when in doubt

POSTTEST 05 (KE) (PE) (AE) (OBJ-5) (REPORT)

QN : Evaluate students responses during clinical conference.

ANS : KE : Answers to questions
PE : Practical examples
AE : Volunteer info

POSTTEST 06 (KE) (OBJ-1) (PLAN)

QN : Evaluate appropriateness of written nursing care plan.

ANS : KE : Complete plan (input)
PE : Nursing plan (output)
AE : DOable plan (output) (a) evaluate and modify as needed;
(b) set realistic goals

POSTTEST 07 (PE) (AE) (OBJ-6) (CARE)

QN : Patient responses to care and interaction given by student.

ANS : In addition to input (what nurse does):

KE : Patient responds (output)
PE : Patient recovers as far as can be expected (output)
or patient benefits from assessment made (physical comfort)
AE : Patient expresses satisfaction (output)
AE : Patient receives emotional support (emotional or pshyco/social comfort)

POSTTEST 08 (PE) (AE) (OBJ-6) (CARE)

QN : Health team's evaluation of student's performance.

ANS :

	Input (NURSE)	Output (PATIENT)
KE :	Communicate	Awareness
PE :	Care	Recovery (comfort)
AE :	Interact	Satisfaction
	Learn by Constructive Criticism	

POSTTEST 09 (PE) (AE) (OBJ-6) (SELF-EVALUATE)

QN : Self-evaluation of performance by student and peer evaluation.

ANS : KE : Accuracy in reporting - awareness of omissions or errors of performance
PE : Self-evaluation
AE : Positive approach - accepts constructive criticism well in peer review

POSTTEST 10: (MASTERY MEASURE)

NOTE: See the complete performance measure on the following page.

COMPLETE PERFORMANCE MEASURE

OBJECTIVE: The student will give a verbal report to the charge nurse about his/her patient's status.

TEST ITEM: Verbal report to charge nurse following patient care.

MATERIALS REQUIRED: 1) Patient with a Medical-Surgical problem
2) Charge nurse

TIME ESTIMATE: 3-5 minutes (depends upon nature of problem)

SETTING: General Hospital (Medical or Surgical Unit)

RATING PROCEDURES: Use the following checklist to evaluate performance

STUDENT PERFORMANCE CHECKLIST

- ☐ Uses communication skills to interview the patient
- ☐ Establishes rapport with the patient
- ☐ Uses observational skills to identify the problem
- ☐ Collects appropriate data to verify the problem
- ☐ Reports finds to charge nurse following patient care
- ☐ Uses judgment to report promptly if patient's condition warrants hasty intervention
- ☐ Uses appropriate terminology

PATIENT PERFORMANCE CHECKLIST

- ☐ Interacts with student
- ☐ Communicates a complaint, sign, or sumptom to student
- ☐ Presents a physical deviation from the norm
- ☐ Answers questions pertinent to characteristics of probelm
- ☐ Allows necessary measures in order to validate problem (T.P.R. observation, etc.)
- ☐ Receives emotional support
- ☐ Receives appropriate reasons for examination and questioning
- ☐ Receives prompt attention for a change in status that warrants care
- ☐ Receives continuity of care from other members of the health team

MODULE OF THE MONTH

A CAREER PATH TRAINING MODULE

JANUARY 1975

TITLE

DEVELOPING VERBAL COMMUNICATION

Developed by

Ralph Patrick, RN
Utica Psychiatric Center
1213 Court Street
Utica, NY 13502

This module is a product of the career path training module workshop held at Rockland Psychiatric Center, July 1974, conducted by Howard P. Alvir, Ph.D., under the sponsorship of Frank Tosiello, Ed.D., Department of Mental Hygiene, New York State.

This module on DEVELOPING VERBAL COMMUNICATION consists of four parts:

OBJECTIVES

PRETEST

LEARNING ENVIRONMENT

POSTTEST

This multipurpose module can be used in a variety of health occupational career paths, ladders, and lattices.

January 15, 1975

OBJECTIVES for

DEVELOPING VERBAL COMMUNICATION

NOTE: KO = Knowledge Objective
PO = Performance Objective
AO = Attitude Objective

OBJECTIVES: The successful learner will: Execute a clear, effective verbal communication leading to comfort and well being of patient-client.

OBJECTIVE 01 (AO)

Give attention to the person speaking

OBJECTIVE 02 (AO)

Listen to ideas of others

OBJECTIVE 03 (PO) (AO)

Contribute to the group by sharing his knowledge and ideas

OBJECTIVE 04 (KO)

Ask questions when he does not understand

OBJECTIVE 05 (PO) (AO)

Execute a clear, effective verbal communication

OBJECTIVE 06

CONDITIONS	PERFORMANCES	CRITERIA
TIME: 10 minutes	The student will: o role play admission of a five year old white male child admitted to the hospital for the first time. Mother is with the child. o interact and communicate in clinical situation o recognize need o provide comfort	Prerequisites: Fundamentals of interactive communication Role playing script with short history of patient and family problem
VOCABULARY: Interactive communication Problem solving	Step-by-step: A. Recognize problem B. Interactive communication C. Understanding assistance in resolution of fear and providing comfort to patient and mother	Pretest: Student realizes that interaction and communication are essential for nursing daily needs of the patient-client
MATERIALS: Patient Mother Student nurse Bedside unit Audio-visual aids Communication series	Mastery: Patients fears and concerns are drawn out. Families fears and concerns are drawn out. Through students knowledge, understanding, and performance. Patient and family are made more comfortable.	Posttest: Student reflects understanding that interaction and communication are essential in order to ease patient/family concerns through check list.
INTRODUCTION: Principle nurse is patient-client advocate Role is to observe and interact for comfort and safety in daily living		On-the-job standards: Learner developes interactive communication skills reflecting the ability to: Diagnose and treat human responses to actual or potential health problems through: o casefinding o health teaching o health counseling o provision of care supportive to or restorative of life and well-being
ACTIVITY: Developes ability to: o observe patient o encourage communication o clarify fears/concerns o explore solutions o provide nursing measure		
SOURCES & RESOURCES: Patient-family concerns past experiences Tests on nursing		
FOLLOWUP PRACTICE: As part of clinical practice - interaction and communication will occur		

PRETEST on

NOTE: KE = Knowledge Evaluation
PE = Performance Evaluation
AE = Attitude Evaluation

PRETEST 01 (KE) (OBJ-1) (TRUE/FALSE)

QN: Verbal communications always involves two or more people.

ANS: True

PRETEST 02 (KE) (AE) (OBJ-1) (TRUE/FALSE)

QN: The ideas of all people involved in the communication process are important.

ANS: True

PRETEST 03 (KE) (AE) (OBJ-2) (TRUE/FALSE)

QN: A person who listens intently to what another is saying usually has developed a climate of acceptance.

ANS: True

PRETEST 04 (KE) (AE) (OBJ-2)(TRUE/FALSE)

QN: Respect for oneself usually precedes acceptance of another.

ANS: True

PRETEST 05 (AE) (OBJ-2) (TRUE/FALSE)

QN: People must listen first to me before I will listen to them.

ANS: False

PRETEST 06 (AE) (OBJ-3) (TRUE/FALSE)

QN: To develop verbal communication does not necessarily demand that I must share my knowledge or ideas.

ANS: False

PRETEST 07 (AE) (OBJ-2) (TRUE/FALSE)

QN: If a member of my group does not accept my ideas, I should leave the group and join another.

ANS: False

PRETEST 08 (AE) (OBJ-2) (TRUE/FALSE)

QN: My group will profit most when all group members contribute by sharing their individual knowledge and ideas.

ANS: True

PRETEST 09 (AE) (OBJ-5) (TRUE/FALSE)

QN: If I do not understand what the patient is trying to say to me, it is best to walk away and try to see him tomorrow.

ANS: False

PRETEST 10 (AE) (OBJ-4) (TRUE/FALSE)

QN: It is right not to question an instructor if I do not understand him since I am only expected to retain 1/6 of the information he is giving me anyway.

ANS: False

PRETEST 11 (AE) (OBJ-4) (TRUE/FALSE)

QN: An individual is saying to me, I have the right and the responsibility to question this individual until I do understand.

ANS: True

PRETEST 12 (PE) (OBJ-5) (CARE)

QN: Execute a communication with a patient who says, "I'm chilly" during a bed bath while shoulders are being washed.

ANS: CRITERIA:
a. Clear (KE)
b. Effective (PE)
c. Gracious (AE)
d. Shoulders covered (PE)

LEARNING ENVIRONMENTS for

DEVELOPING VERBAL COMMUNICATION

NOTE: KR = Knowledge Resource
PR = Performance Resource
AR = Attitude Resource

LEARNING ENVIRONMENT 01 (KR) (OBJ-3) (READ)

Reading Assignment - Stepping Stones to Professional Nursing. Chapter 14, pp. 142-154. Cafferty, Kathryn A., Sugarman, Leone, K., C.V. Mosby Co., 1971

LEARNING ENVIRONMENT 02 (AR) (OBJ-3) (DISCUSS)

Hand Out - "Describe Qualities for Contributing Group Members"

LEARNING ENVIRONMENT 03 (AR) (OBJ-1, 2, 3) (ROLE-PLAY)

Role playing - Five year old, middle class white male child being admitted to the hospital for a tonsillectomy by the staff nurse. Mother of child is present. This is the child's first admission to the hospital, and the second time in his life that he has slept away from his family's home. He is one of two children born to this family; an older sister died in this hospital three months ago from leukemia.

LEARNING ENVRIONMENT 04 (AR) (OBJ-123) (CRITIQUE)

Critique the above example in class to analyze a practical example of the communication process.

LEARNING ENVIRONMENT 05 (AR) (OBJ-) (DISCUSSION)

Learners discuss pretest answers to contrast attitudes.

LEARNING ENVIRONMENT 06 (PR) (OBJ-5) (CONFER)

Conference with instructor regarding a patient contact.

LEARNING ENVIRONMENT 07 (KR) (PR) (AR) (OBJ-5) (MODEL)

Analyze the LINEAR MODEL of communication:

Diagram: a ⟷ b

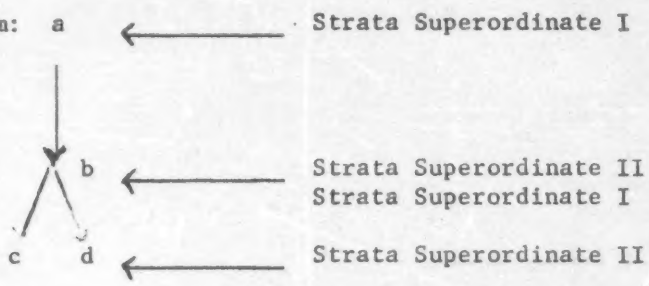
Flow: Two way between two individuals

Style: Equal status

LEARNING ENVIRONMENT 08 (KR) (PR) (AR) (OBJ-5) (MODEL)

Analyze the INVERTED-Y MODEL of communication:

Diagram:



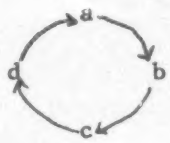
Flow: From top level position (superordinate a) to other below in social system (superordinate b, c, d)

Style: Stratified levels

LEARNING ENVIRONMENT 09 (KR) (PR) (AR) (OBJ-5) (MODEL)

Analyze the CIRCULAR MODEL of communication:

Diagram:



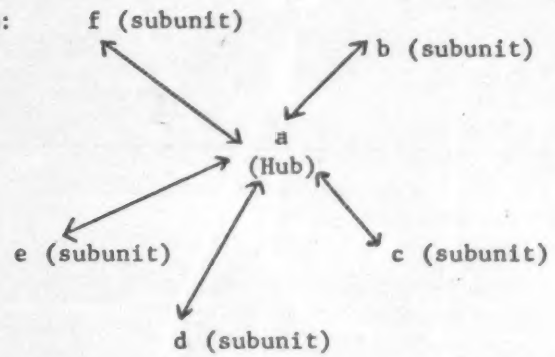
Flow: Starts with a and flow around to b, c, and d.

Style: One-directional pattern

LEARNING ENVIRONMENT 10 (KR) (PR) (AR) (OBJ-5) (MODEL)

Analyze the WHEEL MODEL of communication:

Diagram:



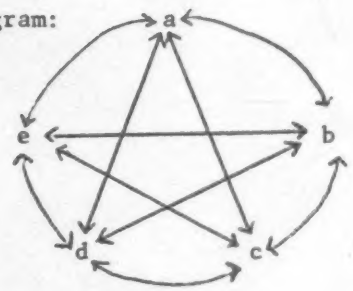
Flow: One key person sends and receives all communication.

Style: Essentially, back and forth from the executive.

LEARNING ENVIRONMENT 11 (KR) (PR) (AR) (OBJ-5) (MODEL)

Analyze the STAR MODEL of communication.

Diagram:



Flow: Multidirectional

Style: All persons interact

LEARNING ENVIRONMENT 12 (KR) (PR) (AR) (OBJ-5) (MODEL)

Discuss:

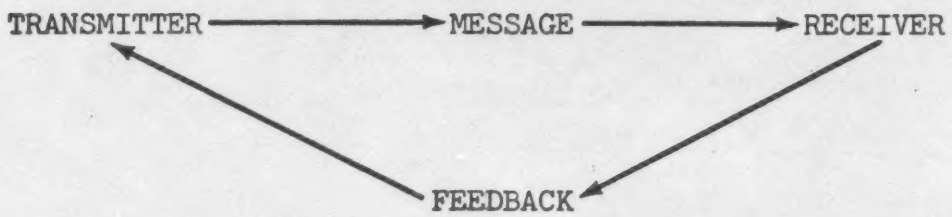
a. MODEL FOR COMMUNICATION (next page)

b. DESIRABLE QUALITIES FOR A CONTRIBUTING GROUP MEMBER (page after next)

LEARNING ENVIRONMENT 13

	KNOWLEDGE (Information)	PERFORMANCE (Training)	ATTITUDE (Motivation)
OBJECTIVE (TARGETS)	KO Master scientific principles of interaction and communication in order to problem solve • Who communicates • What is communicated • Styles of interaction • Place of interaction	PO Provide basic nursing care • Case findings • Health counseling • Health teaching • Patient-client care	AO Develop habits of: • Assessment • Judgment and planning • Care • Evaluation Recognize each person as a unique individual
EVALUATION (TESTS)	KE Pinpoint those factors that contribute to success • Listens • Brings fears and concerns to forefront • Attempts to overcome fears and concerns • Leaves patient-client more comfortable	PE Responds to individual needs and problems in: • Simulated situation • Clinical practice area	AE Specifies and reacts to factors influencing behavior: • Socially • Culturally • Psychologically • Economically • Educationally
RESOURCES (TECHNOLOGY)	KR Participate in: • Lecture-discussions • Role playing • Clinical practice area	PR Function in: • Supervised clinical laboratory practice • Realistic simulation	AR Analyze evolution and trend of professional nursing with: • Peers • Staff
	(Principles)	(Techniques)	(Human Relations)

MODEL FOR COMMUNICATION



CRITERIA FOR GOOD COMMUNICATIONS: THAT THE MESSAGE SENT IS THE MESSAGE RECEIVED.

Guide to Understanding and Using the Model: Define

1. Communication

2. Transmitter

3. Message

4. Receiver

5. Feedback

DESIRABLE QUALITIES FOR A
CONTRIBUTING GROUP MEMBER

Gives attention to what others say; listens patiently; tries to understand them;

Respects other persons and their ideas; appreciates individual differences; believes in the dignity of human beings;

Opts to communicate clearly, briefly, and to the point under consideration;

Understands that group thinking functions best where there is a free interchange of ideas among group members;

Participates by contributing his unique experiences to the group thinking; does not withhold valuable information;

Makes an effort to clarify; helps group to focus on one subject; helps to summarize;

Employs self-discipline in amount of contributions, does not monopolize;

Mindful that people thinking together can usually reach a higher quality of thinking than can any one person alone;

Bears a genuine responsibility for solving problems under discussion;

Endeavors to come prepared to discuss the topic under consideration;

Realizes that an idea once expressed equally is no longer his own, but the group's, to be viewed equally along with other ideas.

POSTTEST on

DEVELOPING VERBAL COMMUNICATION

NOTE: KE = Knowledge Evaluation
PE = Performance Evaluation
AE = Attitude Evaluation

POSTTEST 01 (KE) (AE) (OBJ-1)

QN: A nursing educator is quoted as saying, "You may have more opportunities to improve your communication skills while a student in Nursing than at any time in your life." Enumerate ten specific advantages and benefits you feel may benefit you through verbal communication.

ANS: KE: Opportunity
PE: Practice
AE: Success

POSTTEST 02 (PE) (AE) (OBJ-1,2,3) (ROLE PLAY) (CRITIQUE)

QN: Try to role play in an adlib communication.

ANS: The following criteria are used to rate role playing:

a. Listens to patient and mother
b. Brings fears and concerns to forefront
c. Attempts to overcome their fears and concerns.
d. Leaves patient/family more comfortable.

POSTTEST 03 (PE) (OBJ-5) (CLINIC)

QN: Following module on establishing verbal communication. Student is observed in the clinical area in interaction with others.

ANS: The following criteria are used:

a. Initiates therapeutic communication with patient
b. Initiates effective communication with health care teams
c. Charts show clarity and detail as it relates to patients M/S problems.
d. Initiates conferences to discuss patients problems

POSTTEST 04

OBJECTIVE: Learner will execute a clear, effective verbal communication leading to the comfort and well being of the patient-client.

TEST ITEM: Role play case finding and provision of care supporting to well being of patient-client.

MATERIALS REQUIRED: Student patient / mother / nurse (3)
Patient-client history of problem

TIME ESTIMATE: 10 minutes

SETTING: Bedside unit

RATING PROCEDURES: Following checklist

STUDENT PERFORMANCE CHECKLIST

Recognizes fear and concerns on part of

/_/ Child

/_/ Mother

Encourages talking out of fears and concerns

/_/ Child

/_/ Mother

Explores ways in which to lessen fears and concerns

/_/ Child

/_/ Mother

Provides nursing measures to lessen fears and concerns

/_/ Child

/_/ Mother

Evaluates nursing measures taken

/_/ Child

/_/ Mother

PATIENT PERFORMANCE CHECKLIST

Encouraged to talk about their fears and concerns

/_/ Child

/_/ Mother

Encouraged to contribute suggestions of ways their fears and concerns might be dealt with

/_/ Child

/_/ Mother

Supported in their efforts toward well being

/_/ Child

/_/ Mother